

## UNITED STATES DISTRICT COURT

for the

Middle District of Alabama ☐

NORRIS W. GREEN

*Plaintiff*

v.

STATE BOARD OF MEDICAL EXAMINERS, ET AL

*Defendant*

Civil Action No. 2:18-cv-719

## SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*CHARLES M. A. ROGERS, IV, MD  
54 BYRNES BLVD  
MOBILE, ALABAMA 36608-2620RECEIVED  
2018 OCT 19 A 11:50  
DEBRA P. HACKETT, CLK  
U.S. DISTRICT COURT  
MIDDLE DISTRICT ALA

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ.P. 12 (a)(2) or (3) — or 90 days in a Social Security action — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

B. KINCEY GREEN JR.  
REEVES & STEWART PC  
PO BOX 447  
SELMA, AL 36702-0447

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

DEBRA P. HACKETT, CLERK OF COURT

Date:

August 15, 2018


  
Signature of Clerk or Deputy Clerk

Civil Action No. 2:18-cv-719**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
 was received by me on *(date)* \_\_\_\_\_.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
 designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other *(specify)*: \_\_\_\_\_.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

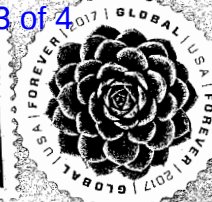
\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



Office of the Clerk  
United States District Court  
One Church Street  
Montgomery, AL 36104



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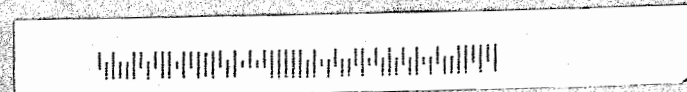
2018 OCT 19 A 11:03

DEBRA P. HACKETT, CL  
U.S. DISTRICT COURT  
MIDDLE DISTRICT AL

CHARLES M. A. ROGERS, IV, MD  
54 BYRNES BLVD  
MOBILE, AL 36608-2620

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BC: 35104401801 2175N239193-02018



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<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature</p> <p><b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CHARLES M. A. ROGERS, IV, MD 54 BYRNES BLVD MOBILE, AL 36608-2620</p>  <p>9590 9402 3922 8060 1296 19</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>2:18cv719 clj</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7016 1970 0000 9008 8503</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Restricted Delivery</p>			
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